AMENDMENTS TO THE CLAIMS

Claims 1 to 36. (Cancelled).

Claim 37. (Currently Amended) A method for first line treatment of type 2 diabetes, in a drug naïve human patient who has had no previous oral hyperglycemic treatment, which comprises administering to a drug naïve human patient in need of treatment, as first line therapy, a low dose of a combination of metformin and glyburide, wherein the starting daily dosage is 250 mg metformin and 1.25 mg glyburide, where the glyburide has a particle size distribution so that at most 25% of the particles of the glyburide are less than 11 μm and at most 25% of the particles of the glyburide are greater than 46 μm, wherein after the starting daily dosage, the metformin in said low dose combination is administered in a daily dosage in an amount [[up]] within the range from about 250 mg to about 750 mg, and the glyburide in said low dose combination is administered in a daily dosage in an amount [[up]] within the range from about 0.5 mg to about 15 mg, and wherein the weight ratio of metformin to glyburide is about 200:1, wherein the low dose combination of metformin and glyburide provides at least substantially equivalent efficacy in treating type 2 diabetes in drug naïve patients, but with substantially reduced side effects as compared to prior art combinations of metformin and glyburide employed in substantially higher daily dosages.

Claims 38 to 44. (Cancelled).

Claim 45. (Previously Presented) The method as defined in Claim 37 wherein the low dose combination of metformin and glyburide is formulated as a single dosage form.

Claims 46 and 47. (Cancelled).

Claim 48. (Previously Presented) The method as defined in Claim 37 wherein the metformin in said low dose combination is administered in an amount up to about 750 mg, one to four times daily, provided that the maximum daily dosage for metformin is about 750 mg per day, and the glyburide in said low dose combination is administered one to four times daily.

Claims 49 to 52. (Cancelled).

Claim 53. (Previously Presented) The method as defined in Claim 37 wherein the combination of metformin and glyburide in said low dose combination comprises a 250 mg metformin/1.25 mg glyburide dosage administered once a day or twice a day.

Claim 54. (Previously Presented) The method as defined in Claim 53 wherein the 250 mg metformin/1.25 mg glyburide dosage is administered to a patient with a baseline hemoglobin A_{1c} (HbA_{1c}) > 9% or a fasting glucose > 200 mg/dL twice daily, with dosage increases, where necessary, in increments of 250 mg metformin/1.25 mg glyburide every 2 weeks, up to the minimum effective daily dose necessary to achieve adequate glycemic control.

Claims 55 to 71. (Cancelled).

Claim 72. (Currently Amended) A method for lowering blood glucose in a hyperglycemic human patient, decreasing insulin resistance, decreasing hemoglobinA_{1c}, increasing post-prandial insulin levels or decreasing post-prandial glucose excursion, individually or in any combination, in a human patient, which comprises administering to a drug naïve human patient, who has had no previous oral hyperglycemic treatment, as first line therapy, a therapeutically effective amount of a low dose of a combination of metformin and glyburide, wherein the starting daily dosage is 250 mg metformin and 1.25 mg glyburide where the glyburide has a particle size distribution so that at most 25% of the particles of the glyburide are less than 11 μm and at most 25% of the particles of the glyburide are greater than 46 μm, wherein after the starting daily dosage, the metformin in said low dose combination is administered in a daily dosage ~~of at most~~ from about 250 mg to about 750 mg, wherein the weight ratio of metformin to glyburide is about 200:1, wherein the low dose combination of metformin and glyburide provides at least substantially equivalent efficacy in treating type 2 diabetes in drug naïve patients, but with substantially reduced side effects, as compared to prior art combinations of metformin and glyburide employed in substantially higher daily dosages.

Claims 73 and 74. (Cancelled).

Claim 75. (Previously Presented) The method as defined in Claim 37 where at most 10% of the particles of the glyburide are less than 3 μm and at most 10% of the particles of the glyburide are greater than 40 μm.

Claim 76. (Previously Presented) The method as defined in Claim 37 where at most 10% of the particles of the glyburide are less than 2 μm and at most 10% of the particles are greater than 60 μm.

Claim 77. (Previously Presented) The method as defined in Claim 37 wherein 50% of the glyburide particles are less than 23 μm.

Claim 78. (Previously Presented) The method as defined in Claim 37 wherein the glyburide has a particle size distribution of about 25% undersize value not more than 6 μm, about 50% undersize value 7 to 10 μm and about 75% undersize value not more than 23 μm.

Claim 79. (Cancelled).

Claim 80. (Previously Presented) The method as defined in Claim 37 wherein the glyburide bioavailability is comparable to the glyburide bioavailability obtained with a separate administration of metformin and glyburide.